

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.Z	12/	08/03/01
O.I.P.E. CLASSIFIER		372	8/7
FORMALITY REVIEW	MM		01-02-02
RESPONSE FORMALITY REVIEW	NR	358	3/19/02

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral)..... Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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1106
 373
 113
 3/19/02